

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

JU-HO-KIM  
VINCENZO CAMPO

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

PHILIP MURPHY  
PERCHICELLI - MRS  
PATRICK CALLAHAN  
JAMES MOODY  
VERNON SWAIN  
GOLDIE AVON  
ELAINE MARTIN  
BRUCE BRESE  
JAMAL MAHMUD

COMPLAINTJury Trial:  Yes  No  
(check one)

RECEIVED

APR 12 2023

AT 8:30 M  
CLERK, U.S. DISTRICT COURT - DNJ

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name
	<u>JU-HO-KIM</u>
	Street Address
	<u>616 CHERRY STREET</u>
	County, City
	<u>CAMDEN COUNTY - CAMDEN</u>
	State & Zip Code
	<u>NEW JERSEY 08103</u>
	Telephone Number
	<u>1-732-496-6890</u>

PLAINTIFF:

VINCENZO CAMPO  
301 SPRING GARDEN ROAD  
CAMDEN COUNTY - HAMMONTON  
NEW JERSEY 08037  
1-609-567-5808

B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name NEW JERSEY DEPARTMENT OF HEALTH  
 Street Address 222 WARREN STREET  
 County, City MERCER COUNTY - TRENTON  
 State & Zip Code NEW JERSEY 08625

Defendant No. 2

Name NEW JERSEY DEPARTMENT OF JUSTICE  
 Street Address 25 MARKET STREET  
 County, City MERCER COUNTY, TRENTON  
 State & Zip Code NEW JERSEY 08625

Defendant No. 3

Name OAK OASIS ORGANIZATION  
 Street Address 45 FERN LANE  
 County, City CAMDEN COUNTY - HAMMONTON  
 State & Zip Code NEW JERSEY - 08037

Defendant No. 4

Name JEFFERSON - KIMMELL - CENTER - MEDICAL  
 Street Address CHAPAL ROAD  
 County, City CAMDEN COUNTY - CAMDEN - CHERRY HILL  
 State & Zip Code NEW JERSEY - 08002

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions  Diversity of Citizenship  
 U.S. Government Plaintiff  U.S. Government Defendant

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 5

Name CAPITAL HEALTH  
Street Address 850 BROWNSWICK AVENUE  
County, City MERCER, TRENTON  
State & Zip Code NEW JERSEY 08638

Defendant No. 6

Name SAINT FRANCIS HOSPITAL  
Street Address 601 HAMILTON AVENUE  
County, City MERCER, TRENTON  
State & Zip Code NEW JERSEY 08609

Defendant No. 7

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
County, City \_\_\_\_\_  
State & Zip Code \_\_\_\_\_

Defendant No. 8

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
County, City \_\_\_\_\_  
State & Zip Code \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions

Diversity of Citizenship

U.S. Government Plaintiff

U.S. Government Defendant

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

RELIGIOUS PERSECUTIONS - SYMBOLS WERE DESACRATED - STAR OF DAVID ALSO SWASTIKA SHREDDED : RECIPIENTS OF KICK STAMP PUNCH

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship VINCENZO CAMPO (USA) Ju-No-Kim (So. KOREAN)

Defendant(s) state(s) of citizenship MIGRANT·ALIEN·REFUGEE

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? TRENTON PSYCHIATRIC HOSP.

ANCORA PSYCHIATRIC HOSPITAL·CAPITAL HEALTH·JEFFERSON HOSP

B. What date and approximate time did the events giving rise to your claim(s) occur? FOR A  
WHILE: FROM: 1979 - To - 2023 A.D: BEING PUNISHED ALSO  
TORTURED FOR OUR PAST EVEN IF INNOCENT: Ju-No-Kim·VINCENZO Campo

What opened you?  
What did that?  
Is this true?  
else that ned?

C. Facts: ON...ABOVE...DATE...6...TIME...JUNE...2022...MR...  
VINCENZO...CAMPO...WAS...AT...A...BUS...STOP...AWAITING...  
A...TRANSIT...HOME...FROM...MERCER...COUNTY...HAMILTON...NEW...  
JERSEY...A...TRANSIT...LINE...NUMBER...409...TO...CAMDEN...  
CAMDEN...COUNTY...NEW...JERSEY...WHEN...FOR...NO...PROVOCATION...  
CAMPO...WAS...APPROACHED...SHACKLED...PLACE...IN...VEHICLE...  
TRANSPORTED...TO...CAPITAL...HEALTH...IN...TRENTON...MERCER...  
COUNTY...NEW...JERSEY...THEN...THERE...EVERY...THING...IN...CAMPO...  
POSSESSION...WAS...FORCEFULLY...TAKEN...SHACKLED SPREAD...EAGLE...  
FORCE...O.P.I.O.D.S...By...SYRINGE...ABSOLUTELY...NAKED...  
- LATER...TAKEN...TO...OAK...OASIS...ORGANIZATION...HAD...  
PARTS...OF...FACE...SHREDDED...WITH...CHIMNEY...SWEET...  
BROOK...ALUMINUM...DUST...PAN...CHAIRS...KICKED...STOMPED...  
PUNCHED...A...SARGENT...FORD...DOCUMENT...THIS...NO...  
TYPE...OF...MEDICAL...ASSISTANCE...RENDERED...LATER...A...  
MR. VERNON...SWAIN...6 FOOT...10...INCH...AFTER...CAMPO...  
HAD...A...HEART...ATTACK...ALSO...MR...GOLDIE...AVON...  
STRIKE...CAMPO...IN...THE...CHEST...PLACEING...MR...  
CAMPO...ON...FLOOR...A...MR...ADATINE...BURBURY...  
WITNESSED...BLATANT...ASSAULT...AGGRAVATED...TOLD...TO...KEEP...SILENT

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

MR. VINCENZO...CAMPO...HAVE...HAD...SYRINGES...BROKEN...IN...THE...BACK...AREA...HAVE...HAD...F.A.C.E...PARTS...SHREDDED...BY...EMPLOYEES...OF...NEW...JERSEY...HEALTH...SYSTEM...PRIMARILY...BLACK...TRASH...DO...NOT...MATTER...PERSONNEL...MEDICAL...ASSISTANCE...DENIED

MR...JU...HO...KIM...A...KOREAN...WAS...SHACKLED...(7)...SEVEN...POINT...RESTRANTS...A...CHUNK...OF...MEAT...FLESH...BLOOD...WAS...TORN...OUT...OF...HIS...LEFT...BICEP...AREA...MEDICAL...ASSISTANCE...DENIED

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

...ON...ABOVE...DATE...\$...TIME...  
~THESE...DEPARTMENT...OF...HEALTH...ALSO...DEPARTMENT  
~OF...JUSTICE...CRIMINAL...ELEMENT...ARE...IN...A...  
...OFFICIAL...MISCONDUCT...AREA...SHOULD...BE...PROSECUTED  
...AS...SUCH...

→ WE...MR...JU...HO...KIM...VINCENZO CAMPO...REQUEST  
EACH...\$131,000,000<sup>00</sup>...ONE...HUNDRED)...THIRTY...ONE  
MILLION...DOLLARS...EACH...

FOR MISSING FLESH...BLOOD...NOT...GIVING...ANY  
NEEDED...TREATMENT...BEING...KICKED...STOMPED...PUNCHED  
IN...A...WORSHIP...HALL...EXPLAINED...WITHIN...THESE...  
DOCUMENTS...CREDENTIAL...DOSIAR...OF...PURE...ABSOLUTE...  
S.L.A.V.E.R.Y...THESE...MARKETEERS...SELL...FOR...\$350<sup>00</sup>...END  
UP...UNITED...STATES...OF...AMERICA...REFUGEE...ALIEN...MIGRANT

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 03 day of MARCH 2023

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

E-mail Address

1-609-567-5808

Vincente Campo  
614 CHERRY STREET  
SO. CAMDEN, NEW JERSEY  
08103

1-732-496-6890

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff:

MR. JU HO KIM  
614 CHERRY STREET  
SO. CAMDEN, NEW JERSEY  
08103

1-732-496-6890